



Medical Examiner Department
Public Interment Program

PIP Case Number: _____

Decedent Information
(Adult Death)

1. Deceased:

(First, middle, last) _____

2. Sex: _____ **3. Age:** _____

4. Race: White Black Asian Indian Amer. Indian Chinese Filipino Korean Vietnamese
Native Hawaiian Japanese Other Asian Other (Specify) _____

5. Decedent of Hispanic or Haitian Origin? (if yes, specify) yes no
Mexican Cuban Puerto Rican Central/South American Other Hispanic(specify) _____
Haitian

6. Date of Death: _____ **7. Time of Death:** _____ A..M. _____ P.M

8. Date of Birth: _____ **9. Social Security #:** _____

10. Place of Birth: _____
City/State

11. Marital Status: _____ **12. Surviving Spouse:** _____
(married, married but separated, never married, single, divorced, widowed)

13. Was decedent in the U.S. Armed Forces: Yes _____ No _____

14. Place of Death: _____
Hospital/E.R, nursing home, residence, other (please specify)

15. Was death inside city limits: _____ yes _____ no

16. City, town or location of death: _____

17. Decedent's Usual Occupation: _____ **18. Kind of Business:** _____

19. Residence: _____ **20. County:** _____
(State)

21. Street and Number: _____

22. _____ **23.** _____
Father's Name Mother's Name

24. Informant's name and mailing address: _____

25. Attending physician: _____
(certifier)

Address: _____ Phone: _____
